

**STATEMENT OF ECONOMIC INTERESTS**  
*A Public Document*

Date Received  
Official Use Only

Please type or print in ink

RECEIVED

NAME (LAST)	(FIRST)	DAYTIME TELEPHONE NUMBER
NAKANISHI	ALAN	(209) 478-1797
MAILING ADDRESS (May be business address)	STREET	CITY
1136 JUNEWOOD Ct.	LODI	95242
ZIP CODE		OPTIONAL FAX / E-MAIL ADDRESS

**COVER PAGE**

**1. Office, Agency, or Court**

Provide precise name. Do not use acronyms.

CITY COUNCILMAN  
Division, Board, District, if applicable:

Position:

→ Expanded Statement – List agency/position:  
(Attach a separate sheet if necessary. Do not use acronyms.)

Agency:

Position Title:

**2. Office Jurisdiction (Check one)**

- ☐ State
- ☐ County of \_\_\_\_\_
- ☒ City of LODI
- ☐ Multi-County \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- ☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ Annual  
(Check one)
- ☒ The period covered is January 1, 1999, through December 31, 1999.
- ☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 1999.
- ☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)
- ☐ The period covered is January 1, 1999, through the date of leaving office.
- ☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- ☐ Candidate

**4. Schedule Summary**

(Check applicable schedules or "No reportable interests.")

→ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 ☐ Yes – schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes – schedule attached  
Investments (Greater than 10% Ownership)

Schedule B ☒ Yes – schedule attached  
Real Property

Schedule C ☐ Yes – schedule attached  
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D ☐ Yes – schedule attached  
Income – Loans

Schedule E ☐ Yes – schedule attached  
Income – Gifts

Schedule F ☐ Yes – schedule attached  
Income – Travel Payments

→ ☐ No reportable interests

Total number of pages (including this cover page): 3

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3/22/00  
(month, day, year)

SIGNATURE AL Nakanishi  
(File the originally signed statement with your filing officer.)

**Investments, Income, and Assets  
of  
Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**CALIFORNIA 700**  
**1999/2000 FORM**  
FAIR POLITICAL PRACTICES COMM.

Name ALAN NAKANISHI

**1. BUSINESS ENTITY OR TRUST**Name DELTA EYE MEDICAL GROUP INCAddress 521 S. Ham Lane

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**MEDICAL PRACTICE**FAIR MARKET VALUE**

- ☐ \$1,000 - \$10,000  
☒ \$10,001 - \$100,000  
☐ Over \$100,000

**IF APPLICABLE, LIST DATE:**

   /   /99         /   /99  
 ACQUIRED      DISPOSED

**NATURE OF INVESTMENT**

- ☐ Sole Proprietorship ☐ Partnership ☒ CORPORATION  
 Other \_\_\_\_\_

YOUR BUSINESS POSITION Shareholder**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$249 ☒ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☐ OVER \$10,000

**3. LIST EACH REPORTABLE SOURCE OF INCOME/LOANS OF \$10,000 OR MORE (attach a separate sheet if necessary)****4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

- ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

**FAIR MARKET VALUE**

- ☐ \$1,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ Over \$100,000

**IF APPLICABLE, LIST DATE:**

   /   /99         /   /99  
 ACQUIRED      DISPOSED

**NATURE OF INTEREST**

- ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold \_\_\_\_\_  
 Yrs. remaining

☐ Other \_\_\_\_\_**4. (cont.)**

Check one box:

- ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

**FAIR MARKET VALUE**

- ☐ \$1,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ Over \$100,000

**IF APPLICABLE, LIST DATE:**

   /   /99         /   /99  
 ACQUIRED      DISPOSED

**NATURE OF INTEREST**

- ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold \_\_\_\_\_  
 Yrs. remaining

☐ Other \_\_\_\_\_**4. (cont.)**

Check one box:

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Street Address or Assessor's Parcel Number of Real Property

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☐ \$10,001 - \$100,000  
☐ Over \$100,000

**IF APPLICABLE, LIST DATE:**

   /   /99         /   /99  
 ACQUIRED      DISPOSED

**NATURE OF INTEREST**

- ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold \_\_\_\_\_  
 Yrs. remaining

☐ Other \_\_\_\_\_

Comments: \_\_\_\_\_

